

**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2012, covering calendar year ending December 31, 2011.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

<b>1 NAME</b>	TITLE; FIRST; MI <b>John Wiley</b> NICKNAME; LAST; SUFFIX <b>Price</b>	<b>OFFICE USE ONLY</b>	
		Date Received <b>2012 APR 30 PM 4:57</b> <b>JOHN F. WARREN COUNTY CLERK DALLAS COUNTY</b>	
<b>2 ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>510 E. Fifth Street Dallas, Tx 75203</b>  <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	Receipt #	Amount
		HD / PM	
<b>3 TELEPHONE NUMBER</b>	AREA CODE PHONE NUMBER; EXTENSION <b>(214 ) 943 8114</b>	Date Processed	
		Date Imaged	
<b>4 REASON FOR FILING STATEMENT</b>	<input checked="" type="checkbox"/> CANDIDATE <u>Dallas County Commissioner</u> (INDICATE OFFICE) <input checked="" type="checkbox"/> ELECTED OFFICER <u>Dallas County Commissioner</u> (INDICATE OFFICE) <input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY) <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY) <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY) <input type="checkbox"/> OTHER _____ (INDICATE POSITION)		
<b>5</b> Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity):  SPOUSE _____  DEPENDENT CHILD 1. _____ 2. _____ 3. _____			
In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity.			
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>			

**SOURCES OF OCCUPATIONAL INCOME****PART 1A**☒ NOT APPLICABLE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT  <input type="checkbox"/> EMPLOYED BY ANOTHER  <hr/> <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)  Dallas County Commissioner 411 Elm Street, Rm 213 Dallas, Tx 75202  <hr/> NATURE OF OCCUPATION
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="checkbox"/> EMPLOYED BY ANOTHER  <hr/> <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)    <hr/> NATURE OF OCCUPATION
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="checkbox"/> EMPLOYED BY ANOTHER  <hr/> <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)    <hr/> NATURE OF OCCUPATION
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

**RETAINERS****PART 1B**☒ NOT APPLICABLE

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> FEE RECEIVED FROM	NAME AND ADDRESS
<b>2</b> FEE RECEIVED BY	NAME OF BUSINESS <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
<b>3</b> FEE AMOUNT	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**STOCK****PART 2**☒ NOT APPLICABLE

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ENTITY</b>	NAME _____			
<b>2 STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3 NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>4 IF SOLD</b>	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS			
	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<hr/>				
<b>BUSINESS ENTITY</b>	NAME _____			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS			
	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<hr/>				
<b>BUSINESS ENTITY</b>	NAME _____			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS			
	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<hr/>				
<b>BUSINESS ENTITY</b>	NAME _____			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS			
	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<hr/>				
<b>BUSINESS ENTITY</b>	NAME _____			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS			
	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY



**BONDS, NOTES & OTHER COMMERCIAL PAPER****PART 3**☐ NOT APPLICABLE

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> DESCRIPTION OF INSTRUMENT	
<sup>2</sup> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<sup>3</sup> IF SOLD  <input checked="" type="checkbox"/> NET GAIN  <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD  <input checked="" type="checkbox"/> NET GAIN  <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD  <input checked="" type="checkbox"/> NET GAIN  <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>	

**MUTUAL FUNDS****PART 4**☐ NOT APPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1	MUTUAL FUND	Deferred Life Annuity <small>NAME</small> State Farm Insurance			
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3	NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
4	IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<hr/>					
	MUTUAL FUND	<small>NAME</small> Nationwide Deferred Compensation			
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
	NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
	IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
<hr/>					
	MUTUAL FUND	<small>NAME</small>			
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
	NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
	IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<hr/>					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☐ NOT APPLICABLE

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> SOURCE OF INCOME	NAME AND ADDRESS Lakeside National Bank P O Box 9 Rockwall, Tx 75087
<b>2</b> RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> AMOUNT	<input checked="" type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS Go Credit Union 5429 LBJ Freeway, Suite 100 Dallas, Tx 75240
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input checked="" type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS 5Linx Entrprice Inc. 275 Kenneth Dr Rochester NY 14623
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input checked="" type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☐ NOT APPLICABLE

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> SOURCE OF INCOME	NAME AND ADDRESS EDG Resources, Inc. 1111 Bagby Sky Lobby 2 PO Box 4362 Houston, Tx 77210
<b>2</b> RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input checked="" type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS Rental Properties 514 E. Fifth Street Dallas, Tx 75203
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input checked="" type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input checked="" type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>	



**PERSONAL NOTES AND LEASE AGREEMENTS****PART 6**☐ NOTAPPLICABLE

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Lakeside National Bank P. O. Box 9 Rockwall, Tx 75087
<b>2</b> LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> GUARANTOR	
<b>4</b> AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Dal Telco Credit Union 5429 LBJ Freeway, Suite 100 Dallas, Texas 75240
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Brenda Jackson 5539 McCommas Dallas, Texas 75206
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-OR MORE
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>	

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

**INTERESTS IN REAL PROPERTY****PART 7A**☐ NOTAPPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b>	<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b>	<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 406 E. Fifth Street Dallas, Tx 75203 Dallas County		
<b>3</b>	<b>DESCRIPTION</b> <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 Lot Dallas County Texas Robinson Park Place		
<b>4</b>	<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Bank of America P. O. Box 5170 Simi Valley, CA 93062-5170		
<b>5</b>	<b>IF SOLD</b> <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE		
<hr/>				
	<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
	<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 510/514 E. Fifth Street Dallas County Texas 75203		
	<b>DESCRIPTION</b> <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1: ROBINSON PARK PLACE 2: BLK 3/3039 LOTS 3,4 & E 5.5' LOT 2		
	<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Nationstar Mortgage P. O. Box 65073 Dallas, Texas 75265		
	<b>IF SOLD</b> <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE		
<hr/>				
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>				

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Revised 11/17/2010

0011

SBP-1A-426-0224-01-0011

**INTERESTS IN REAL PROPERTY****PART 7A**☐ NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2 STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 621 N. Marsalis Dallas County Texas
<b>3 DESCRIPTION</b> <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Original Oak Cliff 56/3037 N. 75FT.LT3 Bill and Janie Henry (50%) Desoto, Texas 75115
<b>4 NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>5 IF SOLD</b> <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 715 N. Marsalis Dallas County Texas
<b>DESCRIPTION</b> <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Original Oak Cliff BLK 40/3021 LT3
<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Bill and Janie Henry Desoto, Texas 75115
<b>IF SOLD</b> <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>	



**INTERESTS IN REAL PROPERTY****PART 7A**☐ NOTAPPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b>	<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b>	<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 16800 LBJ FWY, Mesquite Dallas County Texas		
<b>3</b>	<b>DESCRIPTION</b> <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Theophalus Thomas Abst 1461 P172 Tr 10.11 Acs 1.714		
<b>4</b>	<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Debra White 1/2 Interest 211 N. Jobson Sunnyvale, TX 75182-9556		
<b>5</b>	<b>IF SOLD</b> <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE		
<hr/>				
	<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
	<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE		
	<b>DESCRIPTION</b> <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED		
	<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)			
	<b>IF SOLD</b> <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE		
<hr/>				
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>				



**INTERESTS IN REAL PROPERTY****PART 7A**☐ NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b>	<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b>	<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <b>619 N. Marsalis Dallas County Tx</b>		
<b>3</b>	<b>DESCRIPTION</b> <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED <b>Oak Cliff Original PT Lots 2 &amp; 3 56x150 Acs 0.180 Marsalis 169 FR 5th</b>		
<b>4</b>	<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	<b>Bill and Janey Henry Desoto, Tx 75115</b>		
<b>5</b>	<b>IF SOLD</b> <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE		
<b>HELD OR ACQUIRED BY</b>		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS		STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE		
<b>DESCRIPTION</b> <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES		NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED		
<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)				
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE		
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**INTERESTS IN BUSINESS ENTITIES****PART 7B**☒ NOT APPLICABLE

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
<b>3</b> IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>	

**GIFTS****PART 8**☒ NOT APPLICABLE

Identify any person or organization that has given a gift worth *more than \$250* to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> DONOR	NAME AND ADDRESS
<sup>2</sup> RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<sup>3</sup> DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
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**TRUST INCOME****PART 9**☒ NOT APPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$500* in income, if the identity of the asset is known. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> SOURCE	NAME OF TRUST		
<b>2</b> BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> INCOME	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
<b>4</b> ASSETS FROM WHICH OVER \$500 WAS RECEIVED  <input type="checkbox"/> UNKNOWN			
<hr/>			
SOURCE	NAME OF TRUST		
BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED  <input type="checkbox"/> UNKNOWN			
<hr/>			
SOURCE	NAME OF TRUST		
BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED  <input type="checkbox"/> UNKNOWN			

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**BLIND TRUSTS****PART 10A**☒ NOT APPLICABLE

Identify each blind trust that complies with section 572.023(c) of the Government Code. See FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b>	<b>NAME OF TRUST</b>	
<b>2</b>	<b>TRUSTEE</b>	NAME AND ADDRESS
<b>3</b>	<b>BENEFICIARY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>4</b>	<b>FAIR MARKET VALUE</b>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
<b>5</b>	<b>DATE CREATED</b>	
<hr/>		
	<b>NAME OF TRUST</b>	
	<b>TRUSTEE</b>	NAME AND ADDRESS
	<b>BENEFICIARY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	<b>FAIR MARKET VALUE</b>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	<b>DATE CREATED</b>	
<hr/>		
	<b>NAME OF TRUST</b>	
	<b>TRUSTEE</b>	NAME AND ADDRESS
	<b>BENEFICIARY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	<b>FAIR MARKET VALUE</b>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	<b>DATE CREATED</b>	

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**TRUSTEE STATEMENT****PART 10B**☒ NOT APPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

1 NAME OF TRUST

2 TRUSTEE NAME

3 FILER ON WHOSE  
BEHALF STATEMENT  
IS BEING FILED

NAME

4 TRUSTEE STATEMENT

I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code.

\_\_\_\_\_  
Trustee Signature**§ 572.023. Contents of Financial Statement in General**

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

## PART 11A

☒ NOT APPLICABLE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION		NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)	
2 BUSINESS TYPE			
3 HELD, ACQUIRED, OR SOLD BY		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE
		<input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS		DESCRIPTION	CATEGORY
			<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

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**LIABILITIES OF BUSINESS ASSOCIATIONS****PART 11B**☒ NOT APPLICABLE

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 LIABILITIES	DESCRIPTION	CATEGORY <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

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**BOARDS AND EXECUTIVE POSITIONS****PART 12**☐ NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 ORGANIZATION</b>	KwanzaaFest, Inc.
<b>2 POSITION HELD</b>	Chairman & Founder
<b>3 POSITION HELD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	
<b>POSITION HELD</b>	
<b>POSITION HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	
<b>POSITION HELD</b>	
<b>POSITION HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	
<b>POSITION HELD</b>	
<b>POSITION HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	
<b>POSITION HELD</b>	
<b>POSITION HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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**EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION****PART 13**☐ NOT APPLICABLE

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS-INSTRUCTION GUIDE.

<sup>1</sup> PROVIDER	NAME AND ADDRESS National Association of Black Social Workers 2305 Martin Luther King Jr. Ave Washington, DC 20020
<sup>2</sup> AMOUNT	\$1500.00
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
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**INTEREST IN BUSINESS IN COMMON WITH LOBBYIST****PART 14**☒ NOT APPLICABLE

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS-INSTRUCTION GUIDE.

<b>1</b>	<b>BUSINESS ENTITY</b>	NAME AND ADDRESS
<b>2</b>	<b>INTEREST HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	<b>BUSINESS ENTITY</b>	NAME AND ADDRESS
	<b>INTEREST HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	<b>BUSINESS ENTITY</b>	NAME AND ADDRESS
	<b>INTEREST HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	<b>BUSINESS ENTITY</b>	NAME AND ADDRESS
	<b>INTEREST HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	<b>BUSINESS ENTITY</b>	NAME AND ADDRESS
	<b>INTEREST HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
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**FEES RECEIVED FOR SERVICES RENDERED  
TO A LOBBYIST OR LOBBYIST'S EMPLOYER****PART 15**☒ NOT APPLICABLE

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS-INSTRUCTION GUIDE.

<sup>1</sup> PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
<sup>2</sup> FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
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PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

**REPRESENTATION BY LEGISLATOR BEFORE  
STATE AGENCY****PART 16**☐ ~~XXX~~ NOT APPLICABLE

*This section applies only to members of the Texas Legislature. A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFS-INSTRUCTION GUIDE.*

**Note:** Beginning September 1, 2003, legislators may not, for compensation, represent another person before a state agency in the executive branch. The prohibition does not apply if: (1) the representation is pursuant to an attorney/client relationship in a criminal law matter; (2) the representation involves the filing of documents that involve only ministerial acts on the part of the agency; or (3) the representation is in regard to a matter for which the legislator was hired before September 1, 2003.

<sup>1</sup> STATE AGENCY<sup>2</sup> PERSON REPRESENTED<sup>3</sup> FEE CATEGORY
☐ LESS THAN \$5,000    ☐ \$5,000--\$9,999    ☐ \$10,000--\$24,999    ☐ \$25,000--OR MORE

STATE AGENCY

PERSON REPRESENTED

FEE CATEGORY

☐ LESS THAN \$5,000    ☐ \$5,000--\$9,999    ☐ \$10,000--\$24,999    ☐ \$25,000--OR MORE

STATE AGENCY

PERSON REPRESENTED

FEE CATEGORY

☐ LESS THAN \$5,000    ☐ \$5,000--\$9,999    ☐ \$10,000--\$24,999    ☐ \$25,000--OR MORE

STATE AGENCY

PERSON REPRESENTED

FEE CATEGORY

☐ LESS THAN \$5,000    ☐ \$5,000--\$9,999    ☐ \$10,000--\$24,999    ☐ \$25,000--OR MORE
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www.ethics.state.tx.us

Revised 11/17/2010

0026

SBP-1A-426-0224-01-0026

**BENEFITS DERIVED FROM FUNCTIONS HONORING  
PUBLIC SERVANT****PART 17**☒ NOT APPLICABLE

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS-INSTRUCTION GUIDE.

<b>1</b> SOURCE OF BENEFIT	NAME AND ADDRESS
<b>2</b> BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>	

**LEGISLATIVE CONTINUANCES****PART 18**☒ NOT APPLICABLE

Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.

<b>1</b> NAME OF PARTY REPRESENTED	
<b>2</b> DATE RETAINED	
<b>3</b> STYLE, CAUSE NUMBER, COURT & JURISDICTION	
<b>4</b> DATE OF CONTINUANCE APPLICATION	
<b>5</b> WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PARTY REPRESENTED	
DATE RETAINED	
STYLE, CAUSE NUMBER, COURT, & JURISDICTION	
DATE OF CONTINUANCE APPLICATION	
WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>	

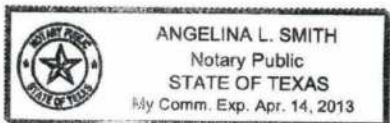


## PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2011, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

  
Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Wiley Price, this the 30th day of April, 20 12, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Angelina L. Smith  
Print name of officer administering oath

Notary  
Title of officer administering oath

THE STATE OF TEXAS  
COUNTY OF DALLAS

I hereby certify that the above and foregoing is a full, true, and correct photographic copy of the original record now in my lawful custody and possession, filed on the date stamped thereon and as the same is recorded in the Recorder's Records in my office under the volume and page or instrument # stamped thereon.  
I hereby certify on

SEP 11 2013



COUNTY CLERK, Dallas County, Texas

By [Signature] Deputy